

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

252

Date Received

15-JUN-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

863637

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (located at front of vehicle, left of driver's seat)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
J81RS236XL7533899	GEO	STORM	1990	

Purchase Date	Dealer's Name	Engine Size (CID/CCL)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City	State	Zip Code

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000 06121000	Part Name(s) FUEL THROTTLE LINKAGE; ACCELERATOR; RIGID FUEL; FUEL EMISSION CONTROL; LINES; VAPOR VENT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
-----------------------------------	---	--	---

No. of Failures 0	Dates of Failure(s) 14-JUN-2000 Mileage at Failure(s) 10633 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
----------------------	---	-------------------------------------	---------------------------------------

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
--	---	--------------------------------	---------------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE SUDDENLY ACCELERATED. CONSUMER HAD TO HOLD THE BRAKES SO THAT VEHICLE WOULD SLOWDOWN. ALSO, CONSUMER SMELLED GASOLINE COMING THOUGH THE VENT AREA.

*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

00 JUL 13 AM 11
16 JUN 2000OFFICE
DEFECTS INVESTIGATION

Od or _____
od_r _____
up_itr _____

Reference No.

863637

OWNER INFORMATION (Type or Print)

614458

Work Number

Home N

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☐ YES☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) J81RS236XL7533899

Vehicle Make

GEO

Vehicle Model

STORM

Vehicle Year

1990

Current Odometer Reading

134070

Purchase Date

Dealer's Name

Engine Size

(CID/CO/L

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

☐ New ☒ Used

City State Zip Code

No Cylinders

4

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☐ 3-Point Belt☐ Motorbelt☐ Driverside Airbag☐ 2-Point Belt☐ Passengerside Airbag

Cruise Control

☐ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08420000 06121000

Part Name(s)

FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID
FUEL:FUEL EMISSION CONTROL:LINE:VAPOR VENT

Location

☐ Left
☐ Front☐ Right
☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

0

Date(s) of Failure(s) 14 JUN 2000

Mileage at Failure(s) 10033

Vehicle Speed at Failure(s) 0

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA Previously
Contacted?☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

Reported to Police

☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE SUDDENLY ACCELERATED. CONSUMER HAD TO HOLD THE BRAKES SO THAT VEHICLE WOULD SLOWDOWN. ALSO, CONSUMER SMELLED GASOLINE COMING THROUGH THE VENT AREA. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.